



2024 Accident Protection Summary Plan Description

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Introduction

About this document

This is the summary plan description (SPD) for the Accident Protection Plan, a component of the U.S. Bank Comprehensive Welfare Benefits Plan. This document describes how the High and Low options work and tells you about the general provisions of the Accident Protection Plan. Please read the information carefully and file it with your benefits materials.

U.S. Bank has established the U.S. Bank Comprehensive Welfare Benefits Plan (Plan), which provides certain welfare benefits to eligible U.S. Bank employees. For convenience, U.S. Bank has created a separate summary for each welfare benefit program offered under the Plan. This SPD is effective Jan. 1, 2024, and is applicable only to the Accident Protection Plan. For a list of the separate SPDs describing the other categories of benefits available to U.S. Bank employees under the U.S. Bank Comprehensive Welfare Benefits Plan, please visit Your Total Rewards. The Accident Protection Plan is an excepted benefit as defined under Internal Revenue Code Section 9831(c)(2). It is offered under a separate policy or contract of insurance, there is no coordination with any exclusions under the Plan, and the benefits are paid upon the occurrence of an event (as described in this SPD and under the certificate of coverage) without regard to whether benefits are provided with respect to such an event under the Plan.

This is only a summary of your benefits. This SPD is based on various legal documents (such as the relevant certificates of coverage) currently in effect. As such, your rights are governed by the terms of these legal documents. Any questions concerning the Plan shall be determined in accordance with the terms of the relevant legal documents and not this SPD. While every effort has been made to give you correct and complete information about your benefits, in the event of any conflict or inconsistency between the SPD and relevant legal documents, the terms of the applicable legal document will control. This document does not create any vested right to any benefit under the Accident Protection Plan. If you are a resident of Alaska, Arkansas, Florida, Idaho, North Carolina, Oklahoma, Texas, Vermont or Washington, the certificate of coverage includes policy modifications that are in compliance with your state’s law.

Your responsibilities

- Carefully review this information and keep it for future reference.

- Enroll or request qualifying changes by the deadlines described in this document. If you miss certain deadlines, processing of your request may be delayed until the next annual enrollment, or your request may not be processed at all.
- After enrolling or making a change, carefully review your confirmation statement and any other documents.
- Designate or change your beneficiary(ies) as needed through Your Total Rewards.
- Call [U.S. Bank Employee Services](#) if you have questions not answered by the information in this document.

Options, administrators and effective date of coverage

High and Low options

The Accident Protection Plan is designed to help offset costs associated with certain covered injuries or losses for treatments resulting from an accident. If you or a covered family member is injured in an accident, the Accident Protection Plan pays a fixed benefit amount to help offset costs associated with the qualifying treatment of common injuries. Eligible employees may waive coverage or choose from two options: High and Low. These two options cover the same injuries and services; however, the High option offers a higher benefit payout than the Low option.

Claims administrator

UnitedHealthcare Services, Inc. (UnitedHealthcare) is the claims administrator for the Accident Protection Plan.

Effective date of coverage

If you are actively at work, any coverage will be effective as of the date indicated in your enrollment confirmation. If you are on a leave (paid or unpaid), your coverage will take effect the first of the month following your return from leave.

Costs

2024 Accident Protection Plan costs per paycheck		
Coverage level	Low option	High option
You only	\$1.23	\$2.45
You + spouse/domestic partner	\$1.96	\$3.91
You + child(ren)	\$2.56	\$5.10
You + family	\$3.91	\$7.80

Premiums are subject to change annually.

What's covered

Plan benefits	Low option	High option
Initial care		
Ground ambulance	\$200	\$400
Air ambulance	\$1,200	\$2,400
Emergency room treatment	\$100	\$200
Physician office/urgent care (per visit)	\$50	\$100
Hospital care		
Hospital admission	\$750	\$1,500
Hospital confinement	\$200	\$400
Hospital ICU admission	\$1,500	\$3,000
Hospital ICU confinement	\$400	\$800
Follow-up care		
Appliances benefit		
• Wheelchair	\$150	\$300
• Knee scooter	\$150	\$300
• Knee immobilizer	\$150	\$300
• Lumbar spine brace	\$150	\$300
• Walking boot	\$100	\$200
• Walker	\$100	\$200
• Crutches	\$100	\$200
• Leg brace	\$100	\$200
• Cervical collar	\$100	\$200

Plan benefits	Low option	High option
• Cane	\$50	\$100
• Ankle brace	\$50	\$100
• Ankle boot	\$50	\$100
• Air cast	\$50	\$100
Follow-up physician visit	\$50	\$100
Major diagnostic exam	\$175	\$350
Minor diagnostic exam	\$50	\$100
Prosthetic		
• One device	\$500	\$1,000
• Two or more devices	\$1,000	\$2,000
Rehabilitation facility (per day up to 30 days)	\$100	\$200
Rehabilitation therapy (per visit up to 10 visits)	\$25	\$50
Common injuries		
Abdominal/thoracic surgery		
• Surgery to repair	\$1,000	\$2,000
• Exploratory without repair	\$100	\$200
Cranial surgery	\$200	\$400
Eye surgery		
• Removal of foreign body	\$100	\$200
• Surgical repair	\$200	\$400
Hernia surgery	\$200	\$400
Arthroscopic surgery	\$200	\$400
Non-specific surgery		
• General anesthesia	\$200	\$400
• Conscious sedation	\$100	\$200
Tendon/ligament/shoulder cartilage/rotator cuff/knee cartilage surgery		
• Surgery to repair one	\$400	\$800
• Surgery to repair more than one	\$800	\$1,600
• Exploratory without repair	\$150	\$300
Blood/plasma/platelets	\$300	\$600
Burns		
• 2nd degree (at least 36% of body surface)	\$500	\$1,000
• 3rd degree (9 to 34 sq. inches)	\$1,000	\$2,000
• 3rd degree (35 or more sq. inches)	\$8,000	\$16,000
	Skin graft = 25% of burn benefit	
Concussion	\$150	\$300
Lacerations		
• Greater than 15 cm	\$400	\$800
• 5 cm to 15 cm	\$200	\$400
• Less than 5 cm	\$50	\$100
• Not requiring sutures	\$30	\$60
Ruptured/herniated disc	\$400	\$800
Emergency dental work		
• Crown(s)	\$200	\$400
• Extractions(s)	\$100	\$200
Medical supplies/over-the-counter (one time per plan year)	\$10	\$20
Family child daycare (per day up to 30 days)	\$30	\$60
Lodging (per day up to 30 days)	\$150	\$300
Transportation (for special treatment more than 100 miles away, maximum of three trips per accident)	\$200	\$400
Fractures	Open reduction/closed reduction	

Plan benefits	Low option	High option
• Skull (depressed, except bones of face or nose)	\$5,000/\$4,000	\$10,000/\$8,000
• Sternum	\$5,000/\$2,500	\$10,000/\$5,000
• Hip, thigh (femur)	\$5,000/\$2,500	\$10,000/\$5,000
• Skull (simple, except bones of face or nose)	\$3,500/\$1,750	\$7,000/\$3,500
• Leg (from top of tibia to ankle joint)	\$2,500/\$1,250	\$5,000/\$2,500
• Pelvis (excluding coccyx)	\$2,500/\$1,250	\$5,000/\$2,500
• Vertebrae (body of)	\$2,500/\$1,250	\$5,000/\$2,500
• Sacral/sacrum	\$1,000/\$500	\$2,000/\$1,000
• Face or nose (except teeth)	\$1,250/\$625	\$2,500/\$1,250
• Upper arm (elbow to shoulder)	\$1,250/\$625	\$2,500/\$1,250
• Upper jaw (except alveolar process)	\$1,250/\$625	\$2,500/\$1,250
• Ankle	\$1,000/\$500	\$2,000/\$1,000
• Foot (except toes)	\$1,000/\$500	\$2,000/\$1,000
• Forearm, hand, wrist (except fingers)	\$1,000/\$500	\$2,000/\$1,000
• Kneecap	\$1,000/\$500	\$2,000/\$1,000
• Lower jaw (except alveolar process)	\$1,000/\$500	\$2,000/\$1,000
• Shoulder blade or collarbone	\$1,000/\$500	\$2,000/\$1,000
• Vertebral process	\$1,000/\$500	\$2,000/\$1,000
• Coccyx	\$1,000/\$500	\$2,000/\$1,000
• Finger or toe	\$300/\$150	\$600/\$300
Chip fractures: 25% of amounts shown for closed reduction		
Dislocations	Open reduction/closed reduction	
• Hip	\$5,000/\$3,750	\$10,000/\$7,500
• Elbow	\$1,000/\$500	\$2,000/\$1,000
• Ankle	\$2,500/\$1,250	\$5,000/\$2,500
• Collarbone (sternoclavicular)	\$2,000/\$1,000	\$4,000/\$2,000
• Foot (except toes)	\$2,500/\$1,250	\$5,000/\$2,500
• Hand	\$1,000/\$500	\$2,000/\$1,000
• Kneecap (patella)	\$3,500/\$1,750	\$7,000/\$3,500
• Lower jaw	\$1,000/\$500	\$2,000/\$1,000
• Shoulder blade	\$1,000/\$500	\$2,000/\$1,000
• Wrist	\$1,000/\$500	\$2,000/\$1,000
• Collarbone (acromioclavicular separation)	\$500/\$250	\$1,000/\$500
• Finger or toe	\$300/\$150	\$600/\$300
Organized sporting activity injury	Increases amounts payable under “Follow-up care” and “Common injuries” sections by 25% up to \$10,000	

Coverage requirements, limitations and exclusions

The Accident Protection plan covers only costs associated with an injury due to an accident. It does not cover any loss caused by or resulting (directly or indirectly) from:

- Disease, bodily or mental infirmity, or medical or surgical treatment of these (except pyogenic infections through an accidental wound);
- Any intentional self-inflicted injury or any attempt of self-inflicted injury;
- Active participation in a riot;
- Committing or attempting to commit a crime, or participating or attempting to participate in a crime;
- Taking part in the commission of an assault or being engaged in an illegal activity;
- An act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
- Use of narcotics unless administered on the advice of a physician;
- Driving or in physical control of a motor vehicle while intoxicated;

- Engaging in hazardous activities, including: skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;
- Riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- Travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
- Travel or flight in, or descent from any aircraft, except if employment duties require you to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
- Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- Injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you or your dependent are entitled to benefits under any workers' compensation law, employers' liability law or similar law, unless this insurance is issued on a 24-hour basis as shown in the schedule; or
- An accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for treatment received outside of the United States.

Each person may be covered only once under the Accident Protection plan. For instance, if your spouse also is a U.S. Bank employee and is enrolled in the Accident Protection plan, you may not elect spouse/domestic partner coverage under the plan. Additionally, only you or your spouse (but not both) should elect child(ren) coverage. If you both elect coverage for your children, only one of you will receive a benefit. If your child also works for U.S. Bank and is covered under the Accident Protection plan, you will not receive a benefit in the event of a covered accident for coverage you elected.

How benefits are paid

To submit a claim for yourself or your covered dependents, contact UnitedHealthcare at 800-358-0114 or submit a claim at myuhcfp.com within 30 days of experiencing the covered injury or the date of death. If you're unable to report your covered injury, an authorized representative, the attending physician or the hospital may contact UnitedHealthcare to initiate a claim on your behalf. If notice cannot be given within 30 days, it must be given as soon as reasonably possible.

Once you initiate a claim, you can monitor your claim, upload supporting documentation, if required and update payment information at myuhcfp.com.

Properly filed claims are typically reviewed within 45 days after receipt. The time for decision may be extended for two additional 30-day periods provided that, prior to any extension period, UnitedHealthcare notifies you in writing that an extension is necessary. If your claim is extended due to your failure to submit information necessary to decide your claim, the time for decision may start from the date on which the notification of the extension is sent to you until the date UnitedHealthcare receives the information requested. If you are signed up for direct deposit, reimbursements are sent to your account on file. If you have not signed up for direct deposit, your reimbursements are sent to you via check.

Who's eligible

Accident Protection is available to benefit-eligible employees and their eligible dependents as defined below. Special rules may apply to employees of companies acquired by U.S. Bank.

Employees

Eligible employees

If you are classified by U.S. Bank as follows on both payroll and personnel records, you are eligible for this benefit:

- A full-time employee, i.e., regularly scheduled to work 30 or more hours per week; or
- A regular part-time employee, i.e., regularly scheduled to work at least 20 but fewer than 30 hours per week.

Ineligible employees

If you are classified as follows, you are not eligible for these benefits:

- Part-time, i.e., working fewer than 20 hours per week;
- Temporary employee;

- United States citizen performing services outside the United States, unless approved by U.S. Bank;
- Non-resident alien who is not receiving earned income from U.S. Bank from sources within the United States, unless approved by U.S. Bank;
- On active duty in the uniformed services or armed forces of any country; or
- Employees who began receiving Long-Term Disability (LTD) benefits after June 30, 2020, and whose employment has been terminated, or employees who began receiving LTD benefits prior to July 1, 2020, and whose LTD benefits have ended.

People not classified by U.S. Bank as employees on both payroll and personnel records (such as leased employees, independent contractors, and other persons who are not classified as employees) are not eligible to participate in the program.

The classification of an individual by U.S. Bank is conclusive and binding for purposes of determining benefit eligibility. No reclassification of a person's status, for any reason, by a third party, whether by a court, governmental agency or otherwise, without regard to whether or not U.S. Bank agrees to such reclassification, shall make the person retroactively or prospectively eligible for benefits. However, U.S. Bank, in its sole discretion, may reclassify a person as benefit-eligible on a prospective basis. Any uncertainty regarding an individual's classification will be resolved by excluding the person from eligibility.

Dependents

Eligible dependents

The following types of dependents are eligible as long as adequate documentation is provided upon request:

- Your opposite-sex or same-sex spouse/domestic partner. A common-law spouse may be covered only if you reside in a state that recognizes common-law marriage and you meet the common-law requirements at the time you enroll the dependent in coverage. See the definition of domestic partnership in the "[Glossary](#)."
- Your or your spouse/domestic partner's children/grandchildren under age 26 who are:
 - your or your domestic partner's biological children;
 - your stepchildren;
 - your or your spouse/domestic partner's foster children;
 - children/grandchildren for whom you or your spouse/domestic partner have legal guardianship;
 - children/grandchildren legally adopted by you or your spouse/domestic partner or placed with you or your spouse/domestic partner for adoption; or
 - grandchildren who are eligible to be claimed as an exemption on your or your spouse/domestic partner's federal income tax return.
- Disabled children age 26 and older who otherwise meet the dependent children definition as long as ALL the following requirements are met:
 - the child is severely disabled by prolonged physical or mental incapacity;
 - the child became disabled prior to reaching age 26;
 - the child was covered by the plan prior to reaching age 26, or, if older than age 26, loses coverage under a parent's/guardian's plan. In the event of loss of coverage, proof of prior coverage must be provided;
 - the child is unmarried and you or your spouse/domestic partner provide more than 50% of his or her support because he or she is unable to earn a living; and
 - disabled dependent status is approved at the time of claim.

Ineligible dependents

Ineligible dependents include, but are not limited to:

- Dependents on active military duty in the uniformed services or armed forces of any country.
- Parents of an employee or an employee's spouse/domestic partner.
- A spouse from whom you are legally separated or divorced (even if the divorce decree stipulates you will continue coverage for your ex-spouse), or a domestic partner or domestic partner's dependents if your domestic partnership has ended.
- Spouses or domestic partners of your dependent adult children or grandchildren.
- Children who become disabled after age 26.

If you are electing coverage for your domestic partner and/or your domestic partner's dependents, you are encouraged to complete and retain a Domestic Partner Affidavit. In the event of the death of your domestic partner or a dependent of your domestic partner, you would need to provide documentation substantiating your domestic partnership.

Enrolling

Enrollment period, deadlines and effective dates

Initial enrollment

Your enrollment period begins on your date of hire/eligibility/rehire and continues through the last day of the following month. Once you complete your enrollment, your coverage takes effect the first day of the month following your date of hire/eligibility/rehire. For example:

- If your hire date is Jan. 10, you must enroll between Jan. 10 and Feb. 28. Your coverage takes effect Feb. 1.
- If your hire date is June 1, you must enroll between June 1 and July 31. Your coverage takes effect July 1.

Annual enrollment

Annual enrollment is your yearly opportunity to elect and change your benefits. It is typically in November; the enrollment period and deadline are communicated in the fall. Annual enrollment elections generally take effect the following Jan. 1 and remain in effect for the entire plan year unless you qualify for and complete a Qualified Status Change.

Your premiums

You are responsible for your premiums as of the effective date of your coverage. For coverage effective Jan. 1, deductions begin the first paycheck of the year that your benefits take effect. For all other coverage effective dates, premiums will be deducted from your pay beginning the first pay period during which coverage becomes effective. If you complete your enrollment after your coverage effective date and received paychecks that did not include benefit deductions, retroactive pay adjustments will be made to collect the unpaid premiums. Your biweekly premiums will be doubled until paid in full.

Enrollment materials

Information about U.S. Bank benefits and annual enrollment can be accessed via the U.S. Bank intranet. Additionally, if you are a new hire, newly eligible or rehire (rehired 31 days or more after termination), an enrollment worksheet containing your personalized benefit options and costs as well as your enrollment deadline and coverage effective date will be sent to your Secure Mailbox on [Your Total Rewards](#) (usually within a week of your date of hire). If you don't have a work email, an enrollment worksheet will be mailed to your home address. (Enrollment worksheets are not sent at annual enrollment.) You also may see your options and costs on the enrollment site.

How to enroll

You must complete your enrollment for yourself and any eligible dependents you wish to cover on [Your Total Rewards](#) on or before the required deadline for both your initial enrollment and each annual enrollment thereafter. Print and carefully review your confirmation statement to ensure it accurately reflects your elections. The confirmation statement is not a guarantee of coverage; all eligibility requirements must be met and all appropriate rules/procedures must be followed to receive coverage.

Making changes during the enrollment period

If you need to change your enrollment, you may do so before the enrollment deadline passes. For annual enrollment, make changes online via [Your Total Rewards](#). For your initial enrollment, you will need to call [U.S. Bank Employee Services](#). Once the deadline has passed, you may not make changes before the next annual enrollment unless you qualify for and complete a Qualified Status Change.

If you don't enroll

If you do not complete your enrollment by the deadline, you will receive and be required to pay premiums for the Accident Protection option you had the previous year.

If you did not have Accident Protection coverage the previous year, or if you are a new hire, rehire (31 days or more after termination) or newly eligible employee, you will receive no Accident Protection coverage.

Special enrollment circumstances

If you are rehired within 30 days after termination and still meet eligibility requirements, the benefits you elected previously are reinstated as of your rehire date. You do not enroll.

Following your enrollment

You may wish to review the certificate of coverage for the Accident Protection plan. It is available on Your Total Rewards (select the Health and Welfare tab, then Benefits Summary Plan Descriptions under Other Resources).

Enrollment questions

If you have questions about enrollment, call U.S. Bank Employee Services, use the online chat or submit a question online; see "[Whom to contact](#)" for more information.

Situations that could affect your coverage or participation

This section outlines how your coverage is affected by certain life events. It is intended to be an overview. Be sure to read the additional information as noted. You may also wish to refer to the life event guides on MyHR.

Event	How your coverage could change
Paid leave of absence	Your coverage continues and your premiums will be deducted from your pay. If you commence LTD benefits after you have coverage, your coverage continues for two years from the date your LTD period begins, so long as premiums are paid.
Unpaid leave of absence	Your coverage continues. Upon your return, the normal per pay deduction will be doubled until the amount you owe is paid in full. If your leave continues beyond 60 days, you will be billed for coverage, including the previous 60-day period. If you do not pay unpaid premiums, your coverage will end retroactive to the last date you paid for coverage. If after six months, you pay any retroactive premiums, your coverage will be reinstated prospectively.
U.S. Bank employment ends or retirement, including layoff	Your coverage ends at the end of the month of termination, but you may port your coverage to an individual policy.
Rehire	If you are rehired within 30 days of leaving, the option and coverage level you had at the time you left will be reinstated. If you are rehired 31 or more days after your termination date, you are treated as new hire and need to complete your enrollment by your deadline, as explained earlier. If you had any unpaid premiums during the year and you are rehired within the same calendar year, they will be applied to your paychecks upon rehire.
You become ineligible for benefits	Your coverage ends at the end of the month of termination, but you may port your coverage to an individual policy.
Employment status change from full-time or regular part-time to part-time	Your coverage ends at the end of the month in which your status change occurred, but you may port your coverage to an individual policy.
Employment status changes from part-time to regular part-time or full-time	You gain eligibility and may enroll within 60 days of the status change. Coverage is effective the first of the following month in which the status change occurred.
Death	Your coverage ends (including dependents) at the end of the month of death, but your dependents may port coverage to an individual policy.

When you can make changes during the year

The benefit elections you make during enrollment generally remain in effect for the entire plan year unless you experience a change in your employment status or family status that is considered a Qualifying Status Change event. This section explains those rules and provides examples for clarification. However, the specifics of what may be changed for each type of Qualified Status Change event are complex and not all situations are described in this section. If you experience a Qualified Status Change event, call [U.S. Bank Employee Services](#) for detailed information specific to your situation.

Situations in which changes are permitted

The following events may be considered Qualified Status Change events. ('Dependent' as used in this section is defined in the "[Who's eligible](#)" section and includes eligible dependents of domestic partners.) **Bolded** events below can be changed online; for all other qualifying events you must speak with a representative.

- **A change in your legal marital status, including marriage, divorce, legal separation or annulment.**
- Death of a spouse.
- **Termination or commencement of a domestic partnership.**
- A change in your number of dependents, including birth, adoption, placement for adoption, death of a dependent, loss of custody of a dependent, or commencement or termination of legal guardianship.
- A change in the employment status of you or your dependent that affects eligibility for benefits, including:
 - termination or commencement of employment;
 - commencement of or return from a strike or lockout;
 - commencement of or return from an unpaid leave;
 - a change in worksite;
 - a change from part-time to regular part-time or full-time, or from full-time or regular part-time to part-time status; or
 - any other change in employment status that affects benefit eligibility.
- Your dependent satisfies or ceases to satisfy the eligibility requirements under the Accident Protection Plan.
- Your dependent is entitled to make a change in his or her elections under his or her employer's plan due to a permitted election change recognized by that plan.
- Your dependent's employer's plan has a plan year that is different than the U.S. Bank plan year.

Consistency rules

If you experience a Qualified Status Change event, you can change only specific benefit elections that are on account of and correspond with your event. This is called a Consistency Rule. Generally, to make a change to this benefit, the Qualified Status Change must have affected your or your family member's eligibility for coverage for this benefit. The following Consistency Rules apply:

- **Loss of dependent eligibility:** If the Qualified Status Change is divorce, annulment, death of a dependent, or a dependent ceasing to satisfy the eligibility requirements and you are enrolled in the program, the only election change permitted is cancellation of coverage for that particular dependent.
- **Change in coverage of your dependent:** If your dependent is entitled to make a change to his or her coverage under his or her employer's plan due to a permitted election change or during his or her plan's annual enrollment period (if his or her employer's plan has a plan year that is different than the U.S. Bank plan year), you may make an enrollment election change that corresponds with the change made by your dependent.

Example 1: Jose has Accidental Protection coverage for his four eligible dependents: his wife and three kids. His spouse begins working outside the house and her new job provides similar coverage. Jose may cancel or decrease his Accident Protection coverage.

Example 2: Margo Accident Protection coverage on her domestic partner. Margo's domestic partnership has since ended. This is a Qualified Status Change event and she must call U.S. Bank Employee Services to drop the domestic partner from the coverage.

How to request a change

You must request a Qualified Status Change no later than 60 days from the date of your qualifying event. Your request cannot be accepted prior to the occurrence of the qualifying event. If you have experienced a change in the status of your marriage or domestic partnership, or you have acquired a newly eligible dependent due to birth or adoption, please visit [Your Total Rewards](#) to make the appropriate changes to your benefits. If you need additional assistance, or for other qualifying events call [U.S. Bank Employee Services](#) to speak to a representative who can explain the process and the changes you are permitted to make.

When changes take effect

Your benefit changes will be effective on the first day of the month following the date you experience a Qualified Status Change and contact U.S. Bank Employee Services to make your election as long as you are actively at work. There are two exceptions:

- If your Qualified Status Change occurs on the first day of the month and you initiate your election change request on that day, your coverage becomes effective on that day.
- If you are adding a newborn or newly adopted child (or a child placed with you for adoption), coverage for that dependent, and for any other dependent you add due to that event, will be retroactive to the date of the event.

How your pay is affected

If your coverage is effective Jan. 1, deductions begin the first paycheck of the year that your benefits take effect. For all other coverage effective dates, deductions reflecting your new election will begin with the first pay period in which your election is effective. If your election change is entered into the system after pay is prepared, you'll have a retroactive pay adjustment either to collect any additional premiums due or to refund excess premiums. For example:

- Changes made between Dec. 2 and Jan. 1 take effect Jan. 1, and your deduction changes beginning the first paycheck of the year that your benefits take effect.
- Changes made between March 2 and April 1 take effect April 1, and your deduction changes during the pay period in which April 1 falls.

If you enroll a newborn or newly adopted child, coverage is retroactive to the date of birth or adoption, so you also will have an adjustment to collect any additional premiums due from the date of birth or adoption. Premiums are not prorated; premiums are deducted for the full pay period in which coverage takes effect. For example, if your child is born on Oct. 12 and you call [U.S. Bank Employee Services](#) on Oct. 28 and change from You Plus Spouse coverage to You Plus Family coverage, you will be charged for You Plus Family coverage beginning with the pay period in which Oct. 12 falls. The additional amount (the difference between You Plus Spouse coverage and You Plus Family coverage) will be deducted from your next pay(s).

When coverage ends

Your coverage will end when one of the following events first occurs:

- Your employment with U.S. Bank ends;
- You commence severance;
- You retire;
- You die;
- You no longer satisfy the eligibility requirements;
- You fail to pay any required premiums in full by the required due date;
- You request that coverage be terminated, as a result of, and consistent with, annual enrollment or a Qualified Status Change;
- You are on active duty military leave deployment lasting more than 90 days or other military training leave lasting more than six weeks;
- You are on full-time active duty, except Reserve National Guard Service;
- You are on an unpaid leave of absence that is longer than 90 days (although certain exceptions may be made based on applicable state laws); or
- The plan or program is discontinued or amended so that you lose eligibility.
- Your LTD benefits end, if you began receiving LTD benefits prior to July 1, 2020.

In addition to the events listed above, coverage for your dependents will end due to:

- Divorce, legal separation or termination of domestic partnership (if you terminate your domestic partnership, coverage for your partner and any covered dependent(s) of your partner will end);
- The dependent child reaching his/her 26th birthday;
- The dependent no longer satisfying the dependent criteria for participation in a plan or program; or
- A decision by you to terminate coverage, as a result of, and consistent with, annual enrollment or a Qualified Status Change.

If one of the events listed earlier occurs, coverage will end on the last day of the month in which the event occurs unless noted otherwise.

If you don't notify U.S. Bank of dependent ineligibility

If you do not call U.S. Bank Employee Services within 60 days of the date your dependent became ineligible, coverage will be cancelled retroactively from the date you do contact U.S. Bank Employee Services to the end of the month in which your dependent became ineligible, or the first day of the current plan year, whichever is later. In this event, if your coverage level changed, premiums for coverage will be refunded for the period between the date coverage for the dependent was cancelled and the date your new premiums became effective. The Accident Protection Plan will not provide a benefit for ineligible dependents.

Continuing coverage

Portability

If you are under age 76 and your employment with U.S. Bank ends for one of the following reasons, you may continue your coverage:

- Retirement or termination of employment;
- Layoff; or
- Other loss of eligibility.

You may not continue coverage if:

- You fail to pay any required premium;
- The policy terminates;
- You are or become insured under another group accident policy;
- You reside outside of the United States or its territories;
- You reside in a state where the insurance is not available; or
- You are actively in military service or entering active military service.

To continue coverage, you must submit a written request to UnitedHealthcare and pay the first month's premium within 31 days of the date your active coverage ended.

If you are rehired after you port your coverage, you must cancel the ported insurance prior to re-enrolling under the Accident Protection Plan.

If you die, your dependents may port their coverage. Your surviving spouse or domestic partner must port in order for child(ren) to port. If there is no surviving spouse or domestic partner, your dependent child(ren) will not be allowed to port.

The portability insurance will end on the earliest of:

- The date you fail to pay the required premium;
- The date you become insured under any other accident protection policy; or
- The date you attain any portability policy age limit shown in the schedule.

For the first 12 months of portability, your premium rate will be the same as your active premium rate. After the first 12 months, the rate will change to a portability rate which may be higher.

Appeals and disputes

If you have a dispute regarding eligibility, enrollment or claims for this benefit, you may call U.S. Bank Employee Services or your claims administrator for additional information. However, these casual inquiries and questions will not be treated as a claim or a request for a review. To appeal, you must submit your concerns in writing as outlined below.

If you disagree with an initial claim determination (as described below), you have the right to a review of that adverse benefit decision and a right to request a final claims determination. A description of each level of the claim-and-review procedure follows.

If at any level of review your claim is denied in whole or in part, you will receive a written notice including (where applicable):

- The reason(s) for the denial;

- The plan or program provisions on which the denial is based;
- A description of additional material (if any) needed to perfect the claim;
- An explanation of your right to request a review;
- An explanation of your right to request reasonable access to and copies of the relevant documents, records, and information used in the claims process, without charge;
- A statement of your right to file a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA) if your claim is denied upon a request for review; and
- A statement indicating whether an internal rule, guideline, protocol or other similar criterion was relied on in deciding your claim and information explaining your right to request such information, free of charge.

Initial claim determination

The initial response to a claim for benefits is the first level of claims decision, and is called, for purposes of this claims procedure, the “benefit decision.”

Accident Protection benefit claims

After your initial claim is received, you’ll receive written notice of the benefit decision which may be an adverse benefit decision. If you have questions about or disagree with the benefit decision, you may call your claims administrator for more information. If your claim is denied and you are unable to resolve the issue by phone, you may request a [review of the adverse benefit decision](#).

Eligibility and enrollment claims

If you have made a request to U.S. Bank Employee Services regarding a change to your eligibility or enrollment for this benefit, and that request was denied or was not fulfilled to your satisfaction, you may request a review of the situation. As stated above, an inquiry made to U.S. Bank Employee Services is not considered a claim (and you will not receive written notice of an initial claim determination); however, the process for appeals regarding eligibility and enrollment is the same as the [review of an adverse benefit decision](#).

Review of an adverse benefit decision

You have the right to submit a request for review of any benefit decision with which you disagree by following the procedure outlined in this section. Include all pertinent details to your situation and what makes it unique thus warranting an exception for your circumstances.

Accident Protection benefit claims

If your initial benefit claim is denied, in whole or in part, and you disagree with the decision, you may request additional review by your claims administrator. Within 180 days of the date you receive an adverse benefit determination with which you disagree, submit a written request for review to your [claims administrator](#).

Your request for review may (but is not required to) include issues, comments, documents, records, and other information relating to your claim that you want considered in reviewing your claim. You may request reasonable access to, and copies of, all documents, records, and other information relevant to your adverse benefit determination, without charge.

If your claim is denied and you disagree with the denial (i.e., the initial claim determination), you may send written notice to your claims administrator. Your claims administrator must receive your notice within 180 days of the time you knew or should reasonably have known the principal facts upon which the claim was denied.

In reviewing your claim, your claims administrator will ensure that your claim is reviewed by individuals who were not involved in the initial adverse benefit determination. The claims administrator will not defer to the initial claim reviewer's decision and will look at your claim anew. If your adverse benefit determination was based upon medical judgment, a health care professional with the appropriate training and experience in the field of dentistry involved in the medical judgment will be consulted during the review of your claim. The professionals will not have been involved in the initial adverse benefit determination (nor a subordinate of any person previously consulted). You may request information regarding the identity of any health care professional whose advice was obtained during the review of your claim.

If your request for review is denied and you disagree with the decision, you may [request a final claims determination](#).

Eligibility and enrollment claims

If you disagree with the decision about your eligibility for or enrollment in this benefit, send written notice to:

U.S. Bank Benefit Claim Subcommittee
EP-MN-R2BN
4000 W. Broadway
Robbinsdale, MN 55422-2299
Fax: 833-691-7958

You will receive a written response within 60 days to notify you of the decision, or to notify you of the need for additional time or information to complete the review of your claim. If your request for review is denied and you disagree with the decision, you may [request a final claims determination](#).

Request for a final claims determination

To request a final review of your claim (eligibility, enrollment or reimbursement), submit a written request with 60 days of receiving the second decision to:

U.S. Bank Benefit Claim Subcommittee
EP-MN-R2BN
4000 W. Broadway Ave
Robbinsdale, MN 55422-2299
Fax: 833-691-7958

Include any issues, comments, documents, records and other information relating to your claim that you want considered in reviewing your claim. You'll receive a written notice of the final decision within 60 days.

Additional information about the claim-and-review process

General rules

- Your initial claim and any request for review of an adverse benefit decision(s) must be made in writing.
- You must follow the claim-and-review procedure described in this section carefully and completely and adhere to any applicable deadlines. If you do not, you may give up important legal rights.
- Your casual inquiries and questions will not be treated as claims or requests for a review unless the claim procedures described in this section are followed.
- You may have a lawyer or other representative help you with your claim at your own expense. U.S. Bank may require written authorization to verify that an individual has been authorized to act on your behalf.
- You are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other relevant information.
- You must comply with any additional requirements for filing a claim (e.g., using a claim form) imposed by the claims administrator or U.S. Bank.

Exhaustion of administrative remedies

The exhaustion of the claim-and-review procedure is mandatory for resolving every claim and dispute arising under this program. In addition, in any legal action brought after you've exhausted administrative remedies, all determinations made by U.S. Bank or other fiduciary shall be afforded the maximum deference permitted by law.

Time limitations for submitting an Accident Protection benefit claim

You must submit your claim for benefits within 30 days of experiencing the covered injury or the date of death. If it is not possible, written notice must be given as soon as reasonably possible.

Time limitations for commencing a legal action

You may not bring suit until 60 days after you have provided UnitedHealthcare written proof of loss. No suit may be brought more than three years after the date of loss.

Required legal information

This section includes some information you may need to know about the U.S. Bank Comprehensive Welfare Benefits Plan under which the Accident Protection Plan is offered.

Official plan name	Plan type	Plan number
U.S. Bank Comprehensive Welfare Benefits Plan	Welfare Plan	518

Reports on the plans are identified and filed with the federal government using an Employer Identification Number (EIN) assigned by the Internal Revenue Service. The EIN for U.S. Bank is 41-0255900. The address of the Plan Sponsor is:

U.S. Bancorp Center
800 Nicollet Mall
Minneapolis, MN 55402

Amendment or Termination of the Plan

U.S. Bank has reserved the right to amend the Plan and the Accident Protection Plan, including any other program or option offered under the Plan, by written action of the Benefits Administration Committee of U.S. Bank at any time, for any reason and in any respect at its sole discretion. The right of U.S. Bank to amend or terminate the Plan, including the Accident Protection Plan, includes, but is not limited to, changes in the eligibility requirements, premiums or other employee payments charged, benefits provided and termination of all or a portion of the coverage provided under the Plan, including the Accident Protection Plan and any other programs or options offered under the Plan. If the Plan, including the Accident Protection Plan is amended or terminated, you will be subject to all the changes effective as a result of such amendment or termination and your rights will be reduced, terminated, altered or increased accordingly, as of the effective date of the amendment or termination. You do not have ongoing rights to any benefit, other than payment of any eligible expenses you incurred or benefits to which you become otherwise entitled prior to the amendment or termination.

If the Plan, including the Accident Protection Plan, is terminated and replaced by new plans, you can enroll in the new plans if you meet eligibility requirements. If new plans are not established, you may be eligible to continue your coverage or, under certain circumstances, to port your coverage to individual policies. These individual policies will not duplicate your benefits from U.S. Bank exactly.

Recovery of excess payments and correction of errors

As a condition of the Plan, U.S. Bank has a right to recover any excess benefit payments. Excess payments can occur if benefits from U.S. Bank, or from U.S. Bank and other sources combined, exceed those due to you under a U.S. Bank plan. Excess payments may also occur if benefits were paid because of a mistake or incorrect information regarding you or your dependent's entitlement to benefits.

U.S. Bank will recover any excess amount paid to you by:

- Reducing or suspending future benefit payments;
- Requesting direct payment from you, or withholding U.S. Bank wages; and/or
- Any other method allowed by law.

The company also may correct any errors that may occur in administering the Plans. Erroneous contributions and/or benefit payments can be returned to the company as permitted by law. Contributions may also be returned if they do not meet the requirements for deductibility under applicable tax laws.

Insured plans, programs or options

The Accidental Protection Plan is an insured plan. For each insured plan, program or option, the insurance company will have the sole authority, discretion and responsibility to interpret and apply the terms of the plan, program or option insured by the company and to determine all factual and legal questions under the plan, program or option insured by the company, including entitlement to benefits and the amount of benefit to be paid under the insurance contract, if any.

Each insurance company is responsible for the payment of all benefits offered under the plan that it insures. The liability of U.S. Bank is limited to the payment of premiums from its general assets. No covered employee, dependent or other person shall have any claim or cause of action against U.S. Bank as to the payment of benefits under any insurance policy or contract. Each covered person or other claimant entitled to the payment of benefits under an insured plan shall look solely to the applicable insurance policy or contract, and not to U.S. Bank for payment of such insured benefits.

Claims administrator information

The plans and programs listed below are administered through contracts with insurance companies or third-party administrators:

Plan, program or option name(s)	Administration	Funding
Accident Protection	UnitedHealthcare Services, Inc.	These are insured plans. Accident Protection is funded by employee after-tax contributions. U.S. Bank has a contract with UnitedHealthcare Services, Inc. to administer and pay all eligible claims incurred under the terms of these plans.
General benefit administration and customer service	U.S. Bank Employee Services	U.S. Bank has a contract with Alight to provide these services.
Continuation of coverage	UnitedHealthcare Services, Inc.	UnitedHealthcare Services, Inc.

Agent for service of legal process

If for any reason you want to seek legal action against a plan, you can serve legal process on the administrator of the plan and/or the agent for this process. You may not bring suit to recover under this provision until 60 days after You have given UnitedHealthcare Proof of Claim. No suit may be brought more than three years after the date of loss. The agent for legal process is:

General Counsel of U.S. Bank
U.S. Bancorp Center
800 Nicollet Mall
Minneapolis, MN 55402

Plan year

The plan year for all plans is the calendar year (Jan. 1 – Dec. 31).

Questions about plans

If you have questions regarding specific coverage or claims status, contact your claims administrator. If you have general questions about your benefit plans (such as eligibility or deadlines), contact U.S. Bank Employee Services. You may also submit a question online or chat with a representative via Your Total Rewards. See "[Whom to contact](#)" for details.

Employment rights not implied

Participating in the benefit plans does not assure you continued employment or rights to benefits except as outlined by each plan.

Assignment of benefits

Your insurance as provided by the policy may be assigned as an absolute assignment only. In making an assignment, you must transfer all your present and future ownership rights to the person to whom you assigned the insurance. This included the right to change the beneficiary. You may not make a collateral or partial assignment of your insurance.

ERISA – Your rights as a member of the plans

As a participant in the plans offered through U.S. Bank and described in this document, you are entitled to certain rights and protections under the ERISA. This section summarizes the rights you have as a plan or program participant – rights that ERISA guarantees.

Plan documents

You can examine, without charge, any of the plan documents – which are in the Plan Administrator's office in Robbinsdale, Minnesota – during normal work hours. You may also make a written request to examine, without charge, any of the plan documents at your worksite. The documents will be sent to your worksite within 10 business days after the date of your request. If you want to examine a document at your worksite, send your written request to:

U.S. Bank – EP-MN-R2BN
4000 W. Broadway

Robbinsdale, MN 55422-2299
Fax: 833-691-7958

These documents include insurance contracts, annual financial reports and the plan documents descriptions. You may get copies of these by sending a written request to the address noted above.

The Plan Administrator may make a reasonable charge for the copies (\$5 per document as of the printing of this document).

Summary Annual Report

You'll receive a summary of each plan's annual financial report once a year.

Request for information

If you make a written request for material that U.S. Bank is required to provide to you, you should receive the material within 30 days of your request. However, because of matters beyond the Plan Administrator's control (for example, if your request is lost in the mail), the requested material may reach you more than 30 days after your request. If you do not receive the material you requested within 30 days, please call [U.S. Bank Employee Services](#) and it will be sent to you again.

Plan fiduciaries

The plan fiduciaries are responsible for the proper operation of the plan. They have a duty to act prudently and in the sole interest of plan participants and beneficiaries.

Benefits claims and legal actions

If you have any questions or problems concerning any of your Plan benefits or about applying for benefits, please call [U.S. Bank Employee Services](#). If you have a claim for benefits that is denied in whole or in part, you should receive a written explanation of the reason for denial. You have the right to have the Plan Administrator review and reconsider your claim.

If you have completed the appeals process, your claim for benefits is denied (as described in this SPD) and you believe you are entitled to the benefits you claimed, you can take your case to federal or state court. If you discover that a Plan fiduciary is misusing the Plan's money or if you are discriminated against for exercising your rights under ERISA, you can file suit in a federal court or ask the U.S. Department of Labor for help. If you make a written request for material and do not receive the material within 30 days after your request, you can bring suit if there is no valid reason for the delay. In this situation, the court can require the Plan Administrator to provide the material and pay you up to \$110 a day until you receive the materials.

If you bring suit in federal or state court to protect any of the ERISA rights discussed in this section, the court will decide who will pay court costs and legal fees. If you win your case, the court may ask that the losing party pay these costs and fees. If you lose your case – for example, if the court finds your claim is frivolous, the court may ask you to pay these costs and fees.

Exercising your ERISA rights

The law provides that you will not be fired or discriminated against in any way for the sole purpose of preventing you from getting Plan benefits or from exercising the rights you have as a Plan member under ERISA.

If you have any questions about your rights under ERISA or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration (formerly known as Pension and Welfare Benefits Administration), U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Ave. N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

ERISA claim procedures for claims under the employee benefit plan administered by UnitedHealthcare

The benefits described in your certificate of coverage are provided under a group insurance policy (Policy) issued by UnitedHealthcare and are subject to the Policy's terms and conditions. The Policy and Certificate are incorporated into, and form a part of, the Plan. The Plan has designated and named the Insurance Company as the claims fiduciary for

benefits provided under the Policy. The Plan has granted the Insurance Company full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the Policy, to the extent permitted by applicable state law.

A copy of the Plan is available for your review during normal working hours in the office of the Plan Administrator.

Glossary

For a complete list of definitions please refer to the Accident Protection Certificate on Your Total Rewards.

Accident/accidental: occurs suddenly as a result of an external circumstance or trauma; has specific and identifiable components, including date and time; and results in Injury to the physical structure of the body or death or dismemberment.

Adverse benefit determination: a denial, reduction or termination, or (b) a failure to provide or make payment (in whole or in part) for a benefit

Annual enrollment: yearly opportunity to elect and change U.S. Bank benefits; the elections you make during annual enrollment generally take effect the following Jan. 1 and remain in effect for the entire plan year unless you qualify for and complete a Qualified Status Change

Beneficiary: person or organization named by a participant to receive any benefits provided by a plan if the participant dies. You may designate or change your beneficiary(ies) anytime through [Your Total Rewards](#). Your beneficiary(ies) can be a person or an organization, and you may designate one or more. Benefits are paid to the most recently named beneficiaries on [Your Total Rewards](#) at the time of your death. If no beneficiary survives you or if no beneficiary is designated, benefits will be paid to your legal spouse or domestic partner, if living; otherwise, to your natural or legally adopted child(ren) in equal shares, if living; otherwise to your estate. Benefits will be paid to your domestic partner under these same situations only if you have a signed Domestic Partner Affidavit or a local governmental Domestic Partner Registry certificate on file with U.S. Bank at the time of your death, or if your domestic partner provides substantiation of your partnership at the time of the claim.

Claims administrator: A third party with which U.S. Bank has contracted and who has the authority to interpret and construe the terms of a plan and to determine all factual and legal questions under the Programs with respect to all initial claims for benefits and requests for review of adverse benefit determinations. This authority includes, but is not limited to, determinations of entitlement to benefits and the amounts of the benefits to be paid. See "[Claims administrator information](#)."

Domestic partnership: an ongoing and committed spouse-like relationship between adults of the same or opposite gender. If you are in a qualified domestic partnership, your domestic partner is eligible for this benefit.

A domestic partnership is qualified if the partners are registered with any state or local governmental domestic partner registry, or all of the criteria below are met:

- The partners have an ongoing and committed spouse-like relationship.
- The partners intend to continue their relationship indefinitely.
- The partners are:
 - both 18 years of age or older and competent to enter into a contract;
 - not legally married to each other;
 - not legally married to, nor the domestic partner of, anyone else; and
 - not related by blood closer than permitted by marriage law in their state of residence.
- The partners share a principal residence and intend to do so indefinitely.
- The partners are responsible for the direction and financial management of their household and are jointly responsible for each other's financial obligations.

Domestic partnerships are not subject to any requirements for proof of relationship or waiting periods that are not also applied to marriages. A domestic partner registry certificates or the U.S. Bank Domestic Partner Affidavit are accepted as fully equivalent to marriage certificates.

Enrollment period: The time during which benefit elections can be made or changed, including annual enrollment and initial enrollment for new benefit-eligible employees; see “[Enrolling.](#)”

Full-time employee: person classified by U.S. Bank on both payroll and personnel records as a full-time employee and regularly scheduled to work 30 or more hours per week

Part-time employee: person classified by U.S. Bank on both payroll and personnel records as a part-time employee and regularly scheduled to work fewer than 20 hours per week

Plan year: Jan. 1 through Dec. 31

Premium: for insured benefits, the amount of money a policyholder agrees to pay an insurance company for an insurance policy, in return for which the insurance company provides payment of specified benefits

Qualified Status Changes: certain events, defined by the Internal Revenue Service, that may enable an employee to enroll or change benefit elections outside of annual enrollment; see “[When you can make changes during the year](#)”

Regular part-time employee: person classified by U.S. Bank on both payroll and personnel records as a regular part-time employee and regularly scheduled to work at least 20 but fewer than 30 hours per week

Regularly scheduled hours: hours listed on the U.S. Bank payroll system, regardless of hours actually worked; used to determine benefit eligibility and some benefits

Summary plan description (SPD): a document that provides comprehensive information about a given benefit, including eligibility provisions, coverage options and details, and claims procedures

U.S. Bank Employee Services: the U.S. Bank contact center for benefits and HR questions and transactions; see “[Whom to Contact](#)” for details

Your Total Rewards (YTR): site that contains personalized data about your total rewards at the bank and links to enroll in and manage your benefits; see “[Whom to Contact](#)” for details

Whom to contact

Resource	Why to contact	Contact information
MyHR	Link to benefit information and related sites including YTR	itsmnow.service-now.com/myhr
UnitedHealthcare Group number: 306908	Specific questions about the plan coverage, initiating a claim or checking the status of a claim	800-358-0114 myuhcfp.com PO Box 7466 Portland, ME 04112-7466
U.S. Bank Employee Services Personalized information on your benefits via phone; representatives available 8 a.m. to 7 p.m. CT Monday through Friday (except holidays)	Questions about benefit eligibility and enrollment, dependent verification, general assistance	800-806-7009
Your Total Rewards (YTR)	Detailed information about benefits, enroll in your benefits, view your current elections	Link from MyHR or log in directly at usbank.com/benefitsandrewards Select Contact Us from the upper right side of the screen to chat with a representative or submit a question online.